24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Restoration PAC	
	C C00571588
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y M Y M Y
Full Name of Payee	Date of Public Distribution/Dissemination
Gravina Public Strategies	08 03 2017
Mailing Address 3575 Maybank Highway	
Suite D #253	Amount
City State Zip Code	10000.00
Johns Island SC 29455	Transaction ID : SE.6285 Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising (placement) Category/ Type 004	07 18 2017
Name of Federal Candidate Support Office	Sought: House District: 00
Baldwin, Tammy, , ,	President State: WI
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	rrsement For: ✓ Primary General Other (specify) ✓
Full Name of Payee	Date of Public Distribution/Dissemination
Gravina Public Strategies	08 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3575 Maybank Highway	
Suite D #253	Amount
City State Zip Code	10000.00
Johns Island SC 29455	Transaction ID : SE.6286 Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising (placement) Category/ Type 004	M 08 / D D / 2017
Name of Federal Candidate Support Office	Sought: House District: 00
Baldwin, Tammy, , ,	President State: WI
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	ursement For: ✓ Primary General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures	20000.00
#X 011777711	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures.	20000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Gaskill, Sherry, , , [Electronically Filed] Date	8 04 2017
Signature	